



Medicaid Modernization Billing Update

Overview

- Over 3.4 million claims paid to Iowa Medicaid providers from April 1, 2016, to June 30, 2016
- Claims are paid in an average of 8.5 days
 - Similar to fee-for-service (FFS) average of 7 to 10 days
 - 40 percent faster than required
- The MCOs are contractually-required to pay 90 percent of clean claims within 14 days and 99.5 percent in 21 days. The state withholds a percentage of payment until the requirement is met.
- MCOs have modern computer systems that verify claims to ensure accuracy and prevent fraud, waste and abuse, and create a more efficient system
- All claims forms/formats are the same used to bill Iowa Medicaid
- Iowa Medicaid and the MCOs have worked to rapidly respond to provider concerns, educate providers and correct technical issues. More provider training is coming this summer

Medical and Pharmacy Payment Claims Data for April 1, 2016 through June 30, 2016

	Program Total	Amerigroup	AmeriHealth	United
Average days to process	8.5			
Total Reimbursement*	\$899.3 million	\$235.1 million	\$419.1 million	\$245.1million
Claims Submitted	4,969,263	1,614,278	1,923,396	1,431,589
Claims Paid**	3,470,218	1,088,523	1,348,204	1,033,491
Claims Denied	1,250,922	515,904	410,967	325,051
Claims Suspended	300,769	9,851	87,592	194,265
Claims Rejected	101,013	58,045	28,692	14,276

*As of July 22, 2016

**4.6 million claims reported as of July 13, 2016

Clean Claims: All information required for processing is present.

Denied: Claim is received and services are not covered benefits, are duplicate, or have other substantial issues that prevent payment.

Suspended: Claim is pending internal review for medical necessity and/or may need additional information to be submitted for processing.

Rejected: Claims that don't meet minimum data requirements or basic format are rejected and not sent through processing.

Most common reasons for payment claims denial

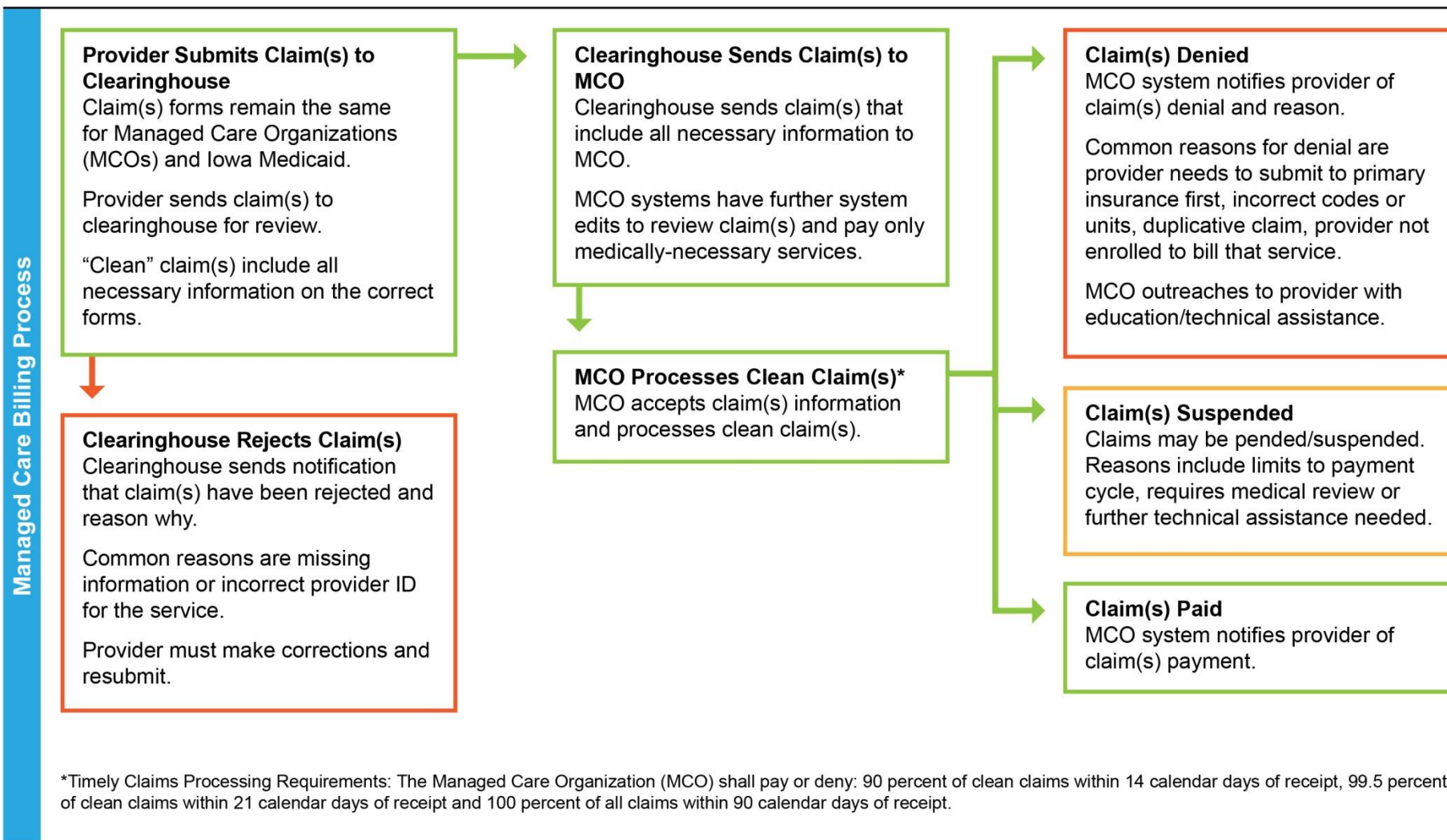
- Duplicative claim
- Service is not an approved benefit under the Medicaid program
- Primary health insurance coverage needs to be billed first

Most common reasons for payment claims rejection

- Necessary information is missing or inaccurate (missing signatures, using an incorrect provider identification number, using a P.O. Box for an address)
- Invalid service date – claims must be after April 1
- Provider is not enrolled with Iowa Medicaid for the service type billed

Managed Care Billing

Standardized Process





For Billing Issues:

- Call provider service lines for assistance
 - Amerigroup Iowa, Inc.: **1-800-454-3730**
 - AmeriHealth Caritas Iowa, Inc.: **1-844-411-0579**
 - UnitedHealthcare Plan of the River Valley, Inc.: **1-888-650-3462**
- Work with a clearinghouse for nominal or no fee
- Attend in-person trainings across the state
- Conduct systems testing available through the MCOs

More Information:

- Informational Letters are used to communicate important information to providers
 - <http://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>
- The IA Health Link e-News provides updates and links to Informational Letters
 - <http://dhs.iowa.gov/ime/about/IMENewsletters>
- Access handbooks, trainings on dedicated MCO webpages
 - www.amerigroup.com/iaprovider
 - www.amerihealthcaritasia.com/iaprovider
 - www.uhccommunityplan.com/iaprovider
- Connect with provider associations who represent providers of different types of services

Other Resources

- Front desk guide - https://dhs.iowa.gov/sites/default/files/IAHealthLink_MCOQuickReference.pdf
- Provider Toolkit - https://dhs.iowa.gov/sites/default/files/IAHealthLink_ProviderToolkit_FINAL_1.pdf

Provider Network Status Overview

Contracting Activity

In-State Providers

FFS Network #	Amerigroup #	Amerigroup %	AmeriHealth #	AmeriHealth %	United #	United %
28,194	40,631	144.1%	38,844	137.8%	40,089	142.2%

Total Contracts Possible Based on Previous FFS	Total Reported Managed Care Contracts	Percent
84,582	119,564	141.4%*

*Based on national provider identifiers (NPIs) now participating in managed care

Out-of-State Providers

FFS Network #	Amerigroup #	Amerigroup %	AmeriHealth #	AmeriHealth %	United #	United %
22,441	12,384	55.2%	12,441	56.3%	6,569	29.3%

Many of the out-of-state providers were contracted with FFS to serve one member, one time

Historical Utilization

The Centers for Medicare and Medicaid Services (CMS) approved the MCOs' provider networks based on historical utilization of FFS providers. A detailed report is available here – <http://dhs.iowa.gov/sites/default/files/Provider-Network-Summary-Historical-Utilization.pdf> - and featured in monthly reports

- 98 percent of active FFS providers have signed with at least one MCO
- 82 percent with two MCOs
- 73 percent with three MCOs